



The Federation's Pages

WFPHA: World Federation of Public Health Associations

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The treaty on the prohibition of nuclear weapons: a planetary health good of the highest order

Nuclear weapons constitute the most acute existential threat to human and planetary health, and there is an urgent public health imperative to prohibit and eliminate them as the only way to effectively prevent their otherwise inevitable use. An unprecedented global health partnership including WFPHA made an important contribution to the adoption by the United Nations (7 July 2017) of the historic Treaty on the Prohibition of Nuclear Weapons, which for the first time enshrines a comprehensive legal prohibition of nuclear weapons, and is based on effective precedents, humanitarian imperatives and health evidence. Public health professionals and organisations have a vital role to play in the entry into force and implementation of the Treaty.

What is the treaty on the prohibition of nuclear weapons?

The treaty negotiations in 2017 were the first multilateral nuclear disarmament negotiations in over 20 years, and the first ever through the United Nations (UN) General Assembly (UNGA), the most inclusive UN body. Their mandate was “to negotiate a legally binding instrument to prohibit nuclear weapons, leading towards their total elimination” [1]. All UN member states were able and encouraged to

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participate. Unlike the UN Security Council, Conference on Disarmament and nuclear non-proliferation treaty (NPT) conferences, the UNGA can take decisions by two-thirds majority vote. No consensus is required and no state can veto the decision.

Despite fierce political and economic pressure from nuclear-armed states whose claim to an exceptional right to wield weapons that pose an existential threat to all humanity was under challenge, 122 states adopted the Treaty [2] with one (Netherlands) opposing, and one abstention (Singapore). The nine nuclear-armed states and those claiming to rely on US nuclear weapons—the other 27 NATO members together with Australia, Japan and South Korea—boycotted the negotiations, despite their stated commitment and legally binding obligation to the elimination of nuclear weapons.

Drawing on other disarmament treaties, this Treaty provides a categorical and comprehensive prohibition of nuclear weapons and activities supporting their possession, deployment and possible use. It articulates deep concern about the catastrophic humanitarian consequences of any use of nuclear weapons, and the consequent need to eliminate them completely to ensure that they are never used again under any circumstances. It emphasises that all states share responsibility to prevent any use. It recognises that the consequences of nuclear conflict, which cannot be adequately addressed, pose grave implications for human survival, the environment, socioeconomic development, food security and the health of current and future generations. For the first time, a nuclear disarmament instrument pays tribute to survivors of nuclear use (hibakusha) and testing, and the Treaty cites the disproportionate impact of nuclear weapons on women and girls (including through increased vulnerability to radiation-related cancer), and on indigenous peoples.

The Treaty commits each state party to never—under any circumstances—develop, test, produce, manufacture, otherwise acquire, possess or stockpile nuclear weapons. It also prohibits the transfer, use or threat of use of nuclear weapons. No party is to assist, encourage or induce, in any way, anyone to engage in any prohibited activity.

The Treaty is carefully crafted to enable states that own nuclear weapons, owned them previously or have them stationed on their territory to join. It requires that nuclear weapons, nuclear weapons programs and facilities be eliminated under verifiable, irreversible and time-bound plans to be agreed with ‘States Parties’ (a term used in the Treaty to refer to states that have joined, and agreed to be legally bound by the Treaty), and it provides a non-discriminatory framework for these regimes.

The Treaty provides for nuclear safeguards standards at least consistent with NPT obligations. No state can reasonably argue that this Treaty undermines or contradicts the NPT, or that it could not join the Treaty.

One important aspect of the Treaty is that it builds on the humanitarian and human rights-based norms developed in the landmine and cluster munitions treaties, providing for needs-based assistance to victims and feasible clean-up of contaminated environments. This is the first Treaty related to nuclear weapons that addresses these matters. It calls on states joining it to assist people affected by the use or testing of nuclear weapons, without discrimination, including medical care,



rehabilitation and psychological support, as well as for their social and economic inclusion. Clearly much of the harm caused by nuclear weapons cannot be undone in the way traumatic injuries can be treated, and discrete munitions can be removed, but these provisions should help ensure that the ongoing needs of survivors, for environmental monitoring and where feasible clean-up, are not ignored or forgotten. The responsibility of states that have used or tested nuclear weapons draws specific mention.

States Parties will meet at least every 2 years to review and promote Treaty implementation, and will be able to amend it. The Treaty is of unlimited duration, and it must be accepted *in toto* by states joining; they cannot opt out of any particular provision.

The Treaty opened for signature on 20 September 2017. As of 8 Feb 2018, 56 states have signed and five have ratified. It will enter into force 90 days after 50 governments have ratified it.

The Treaty represents a seismic shift in asserting the shared interests of humanity and in bringing global democracy to nuclear disarmament. The world's largest humanitarian organisation, the Red Cross/Crescent stated on 7 July 2017: "The historic significance of this treaty cannot be overstated" [3]. International Committee of the Red Cross President Peter Maurer added: "Today, the world has taken a historic step towards de-legitimising these indiscriminate and inhumane weapons, which is a crucial basis for their elimination" [4].

The Treaty banning the weapons that pose the most acute existential threat to planetary health follows the path that is proving effective for other indiscriminate, inhumane weapons—biological, toxin and chemical weapons, antipersonnel landmines and cluster munitions. In each case, codifying prohibition in an international treaty has provided the necessary basis and motivation for the progressive and continuing work of eliminating weapons deemed unacceptable.

The breakthrough in strategy for a majority of the governments that enabled the treaty, supported by the International Campaign to Abolish Nuclear Weapons (ICAN), was to focus initially on prohibiting nuclear weapons. This was based on the recognition that currently none of the nuclear-armed states are serious about fulfilling their obligation to dismantle their nuclear arsenals. On the contrary, all are not only failing to negotiate disarmament and planning to keep their nuclear weapons indefinitely, but also investing massively in their modernisation [5]. Therefore, disarmament measures which depend on nuclear-armed states are currently doomed to failure. States which do not own nuclear weapons cannot eliminate them, but they could prohibit them if they utilised a forum in which a majority can act.

Global health partnership played a key role in the treaty

The World Health Assembly in 1983 identified nuclear weapons as "the greatest immediate threat to the health and welfare of mankind" [6]. The WFPHA General Assembly in 1993 recognised "that the continued existence of nuclear weapons



poses an unacceptable risk to global health and the global environment”, and in 1997 reaffirmed its call for the abolition of nuclear weapons [7].

In April 2016, WFPHA joined International Physicians for the Prevention of Nuclear War (IPPNW), the World Medical Association (WMA) and the International Council of Nurses (ICN) in submitting to a UNGA Working Group a statement. It details the planetary health imperative to ban and eliminate nuclear weapons [8]. This unified call by leading global health professional federations, reinforced by joint op-eds [9, 10], proved influential in the Group recommending to the 2016 UNGA that a treaty prohibiting nuclear weapons and providing for their elimination would be the next best nuclear disarmament step the world could take [11]. This led to the mandate for the treaty negotiations, supported by over 120 states, a voting majority of more than 3–1. In March 2017, the same organisations submitted a Working Paper to the negotiating conference strongly supporting a ban treaty on public health grounds [12]. In personal communications, key diplomats have made clear the value of these submissions. Some of the elements so proposed are reflected in the Treaty.

Next steps: implementing the treaty is a public health imperative

ICAN was founded by IPPNW, and advocacy based on evidence of the catastrophic humanitarian consequences of any use of nuclear weapons has been a vital part of the “humanitarian initiative” that delivered the Treaty. This evidence underpinning the urgent public health imperative for prohibition and elimination of nuclear weapons has not been seriously challenged. The most significant new evidence concerns climate disruption that would be caused by incineration of cities even if only 0.5% of the global nuclear arsenal were used in a regional war. The resulting global nuclear famine that would follow would put billions of people at risk of starvation [13, 14]. Other key evidence includes the impossibility of an effective response to nuclear conflict, and the growing dangers of nuclear war [5]. This focus was prominent in the decision to award the 2017 Nobel Peace Prize to ICAN “for its work to draw attention to the catastrophic humanitarian consequences of any use of nuclear weapons and for its ground-breaking efforts to achieve a treaty-based prohibition of such weapons” [15].

With the powerful tool of the new ban Treaty becoming international law, the hard but essential work to advance elimination of nuclear weapons can and needs to ramp up. The role of health professionals in presenting to the public and decision makers the evidence about why eliminating nuclear weapons is such an urgent planetary health imperative remains vital. Such work fulfils all the core service elements of the Global Charter for the Public’s Health—protection, prevention and promotion—and needs to draw on all the Charter’s core enabler functions—governance, advocacy, capacity and information.

As in all public health work, partnerships are needed, and the fruitful collaborations developed in creating the Treaty should continue. An important natural partner is the Red Cross/Crescent movement, that “calls on all States to



promptly sign, ratify or accede to, and faithfully implement the Treaty on the Prohibition of Nuclear Weapons” [16].

The highest priority is for the Treaty to enter into force as quickly as possible, and to increase its political and legal force by having as many states as possible join. This will build the treaty as a powerful tool to further stigmatise nuclear weapons and their possession, convince banks and financial institutions to divest from producers of the now illegal worst weapons of mass destruction and build pressure on nuclear-armed and nuclear-dependent states to get on the right side of history to safeguard life and health by joining and implementing the Treaty.

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